

# **EXHIBIT A**

Authority: 1949 PA 300, Sec 257.622 Compliance: Required MSP UD-10E Penalty: \$100 and/or 90 days (Rev 11/2006)		External # <b>187580</b>		Crash ID		Page 1 Incident # <b>61632114</b> File Class : 93001 Incident Disposition <b>Closed</b> Reviewer <b>Sergeant CHARLES BARTLEY (343)</b>	
<b>STATE OF MICHIGAN TRAFFIC CRASH REPORT</b>							
ORI: <b>MI4106100</b>		Department Name <b>Michigan State Police Rockford</b>					
Crash Date	Crash Time	No. of Units	Crash Type	Special Circumstances		Special Checks	
<b>08/01/2014</b>	<b>11:15</b>	<b>01</b>	<b>Other, Unknown</b>	<input type="checkbox"/> School Bus <input type="checkbox"/> None <input type="checkbox"/> Hit and Run <input type="checkbox"/> Deer <input type="checkbox"/> Fleeing Police		<input type="checkbox"/> Fatal <input type="checkbox"/> Non-Traffic Area <input type="checkbox"/> ORV/Snowmobile	
County	Traffic Control	Relation to Roadway	Special Study	Weather		Area	
<b>41 - KENT</b>	<b>None</b>	<b>On Road</b>	<b>None</b>	<b>Clear</b>		<b>06 - All other freeway areas</b>	
City/Twp	Construction Zone (if applicable)		Lane Closed	Activity	Light	Road Condition	Total Lanes
<b>13 - LOWELL TWP</b>					<b>Daylight</b>	<b>Dry</b>	<b>02</b>
							<b>70</b>
							<b>Yes</b>
Prefix		Road Name		Road Type		Suffix	
<b>W</b>		<b>I-96</b>		<b>FRY</b>		<b>Divided Roadway</b>	
Distance (ft)		Traffic Way		Access Control			
<b>0.6 Miles E</b>		<b>03 - Divided Hwy with barrier</b>		<b>02 - Full access control</b>			
Prefix		Intersecting Road		Road Type		Suffix	
		<b>M-50</b>				<b>Divided Roadway</b>	
Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex
<b>01</b>	<b>Yes</b>	<b>MI</b>	<b>6427</b>		<input checked="" type="checkbox"/> Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Moped	<input type="checkbox"/> Cycle <input type="checkbox"/> Farm <input type="checkbox"/> Recreation	<b>M</b>
Total Occupants	Hazardous Action						
<b>03</b>	<b>00 - None</b>						
Unit Type	Driver Information				Injury	Position	Restraint
<b>MV</b>	<b>MICHAEL DALE KASHER</b> <b>4814 S HENRY ST</b> <b>NORTON SHORESUSKEGON MI 49441 (231)733-2691</b>				<b>O</b>	<b>01</b>	<b>04</b>
Driver Condition					Trapped	Airbag Deployed	Ambulance
<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99					<b>No</b>	<b>No</b>	<b>None</b>
Alcohol		Test Results		Drugs		Test Results	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Field <input type="checkbox"/> Refused <input type="checkbox"/> OPBT <input type="checkbox"/> Not Offered <input type="checkbox"/> Breath <input type="checkbox"/> Blood <input type="checkbox"/> Urine				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Test Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine		Citation Issued <input type="checkbox"/> Hazardous <input type="checkbox"/> Other	
Vehicle Registration		State		Insurance/Policy #		Towed To/By #	
<b>059X270</b>		<b>MI</b>		<b>MICH MUNICIPAL LEAGUE/797920101</b>		<b>NONE</b>	
VIN		Vehicle Description		Make		Model	
<b>1FAHP2MK6DG198172</b>				<b>FORD</b>		<b>TAURUS</b>	
Color		Year		Vehicle Type			
<b>BLK</b>		<b>2013</b>		<b>Passenger Car, SUV, Van</b>			
Location of Greatest Damage		First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use	Action Prior
<b>02</b>		<b>02</b>	<b>03</b>	<b>Yes</b>	<b>W</b>	<b>08 - Other Government Use</b>	<b>01 - Going Straight Ahead</b>
Sequence of Events							
First Second Third Fourth (* indicates MOST harmful event) <b>20 - Animal</b>							
PASSENGERS							
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint
<b>KYLE ANDREW NEHER</b> <b>4814 S HENRY ST</b> <b>NORTON SHORES MI 49441 (616)733-2691</b>					<b>M</b>	<b>03</b>	<b>04</b>
Injury				Airbag Deployed	Ejected	Trapped	Ambulance
<b>O</b>				<b>No</b>			<b>None</b>
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint
<b>ELAMIN MUHAMMAD</b> <b>6827 TERRA COTTA DR SE</b> <b>CALEDONIA MI 49316</b>					<b>M</b>	<b>06</b>	<b>04</b>
Injury				Airbag Deployed	Ejected	Trapped	Ambulance
<b>O</b>				<b>Not equipped</b>			<b>None</b>
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint
Injury				Airbag Deployed	Ejected	Trapped	Ambulance
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint
Injury				Airbag Deployed	Ejected	Trapped	Ambulance
Passenger Information				Date of Birth (Age)	Sex	Position	Restraint
Injury				Airbag Deployed	Ejected	Trapped	Ambulance
CARRIER INFORMATION							
Carrier Information				Carrier Source	GVWR	ICCMC	USDOT
							<b>MPSC</b>
Driver's CDL Type				Endorsements	CDL Exempt	CDL Restrictions	
				<input type="checkbox"/> H <input type="checkbox"/> P <input type="checkbox"/> T <input type="checkbox"/> S <input type="checkbox"/> X <input type="checkbox"/> N	<input type="checkbox"/> Farm <input type="checkbox"/> Other	<input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 36	
Interstate/Intrastate	Vehicle Type	Type and Axle Per Unit	Third	Fourth	Cargo Body Type	Medical Card	Hazardous Material
		First Second					<input type="checkbox"/> Placard <input type="checkbox"/> Cargo Spill
Owner Information				Owner Information			
<b>NORTON SHORES PD</b> <b>4814 S HENRY ST</b> <b>NORTON SHORES MI 49441 (231)733-2691</b>							
Person Advised of Damaged Traffic Control				Damaged Property			
Contact Name :							
Contact Date :							
Contact Time :				Owner and Phone			

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Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type <input type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cyclist <input type="radio"/> Farm <input type="radio"/> Recreation	Sex	Total Occupants	Hazardous Action															
Unit Type	Driver Information				Injury	Position	Restraint	Hospital																
Driver Condition 01 02 03 04 05 06 07 08 09 099					Interlock	Ejected	Trapped	Airbag Deployed	Ambulance															
Alcohol Test Type Yes No Field Refused PBT Not Offered Breath Blood Urine					Test Results					Drugs Test Type Yes No Blood Urine					Test Results					Citation Issued Hazardous Other				
Vehicle Registration		State	Insurance/Policy #			Towed To/By #			Special Vehicles			Private Trailer Type			Vehicle Defect									
VIN		Vehicle Description			Make	Model			Color			Year			Vehicle Type									
Location of Greatest Damage		First Impact		Extent of Damage		Driveable		Vehicle Direction		Vehicle Use			Action Prior											
Sequence of Events					First					Second					Third					Fourth				

(\* Indicates MOST harmful event)

PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
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					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital
					Injury	Airbag Deployed	Ejected	Trapped	Ambulance

Carrier Information				Carrier Source	GVWR	ICCMC	USDOT	MPSC
				Driver's CDL Type	Endorsements OH OP OT ON OS OX	CDL Exempt OFarm OOther	CDL Restrictions 028 029 030 035 036	
Interstate/Intrastate	Vehicle Type	Type and Axle Par Unit First Second Third Fourth		Cargo Body Type	Medical Card	Hazardous Material Placard Cargo Spill		ID # Class #

OWNER	Owner Information				Owner Information			

WITNESS	Witness Information				Witness Information			

Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)	2nd Investigator Name (Badge)	Photo By
Yes	08/01/2014 (11:16)	Trooper KURT EHRKE (1832)		

Narrative	Diagram
#1 was WB and hit deer.	<p>I-96 WB</p>
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